



Office of General Services
Office of Business Diversity

Design and Construction
AN ISO 9001:2015 CERTIFIED ORGANIZATION
Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: (518) 486-9284 FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: 47262C

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.
Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.: United Paving Corp 6316 Northern Blvd East Norwich, NY 11732 Federal ID No.: 47-3095217		Contract Description/Location: Creedmoor Psychiatric Center Rehabilitate Roads & Sidewalks, South Campus, Phase 4, Buildings 67, 68, 74, & 100 Work/Job Order:	Date Proposal Approved:	Date Printed: 4/17/2023	Bid Date: 4/12/2023	SDVOB GOAL 6%	
Certified SDVOB Name, Address and Phone No.		Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	SEE BDC 328.1S		
M&C Venture Group, LLC 244 5th Ave, Suite 200 New York, NY 10001-7604 Federal ID No.: 46-0923164		Concrete	5/1/2023-12/31/2023	\$200,000.00	FOR OGS USE ONLY		
Federal ID No.:							
Federal ID No.:							
Federal ID No.:							
Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:					
Contractor's Signature:							
Enter Name: Michael Them							
Title: Vice President							
E-Mail Address: Brendan@ahconco.com		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____					
Date: 4/17/2023		OGS Authorized Signature: Enter Name: Shafia Booker Date: 4/20/2023					